

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donna M. Paul
1003 Laddington Lane
Peachtree City, GA 30269

RECIPIENT INFORMATION**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

Aleria D. Lane

 Agent Addressee**B. Received by (Printed Name)**

G. L. D. Lane

C. Date of Delivery

6/1/09

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

209 MC 2370

#10 order

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.**4. Restricted Delivery? (Extra Fee) Yes****2. Article Number**

(Transfer from service label)

7007 2680 0003 1842 3467

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540